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garette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy

A Cities and Communities Health Report
June 2010

Office of Health Assessment and Epidemiology

County of Los Angeles
Public Health

DIRECTOR'S MESSAGE

Over the past two decades, Los Angeles County has been a national and international leader in tobacco control and prevention. With a current smoking prevalence of 14%, the County has among the lowest smoking rates of any metropolitan area in the United States. Much of the County's success in reducing smoking prevalence has been attributed to cigarette tax policy, aggressive anti-smoking media campaigns, smoke free indoor air policies, and other effective local tobacco control programs.[1]

In spite of this success, the Los Angeles County Health Survey reveals that rather than continuing to decline, smoking prevalence among County adult residents has remained fairly steady since 2002. More than one million adults in the County currently smoke cigarettes. Among Los Angeles County teens in grades 9 through 12, the Youth Risk Behavior Survey demonstrated a decline in smoking rates from 26% in 1997 to 12% in 2005. However, as with adult smokers, this downward trend has not continued. Cigarette smoking remains the leading preventable cause of disease and disability[2], claiming over 8,500 lives — one out of every 7 deaths in Los Angeles County each year. Cigarette smokers may also expose their family members and the general public to secondhand smoke, which causes a broad range of adverse health effects.[3] Tobacco-related diseases cost the County $4.3 billion per year, of which $2.3 billion is for direct healthcare expenditures.[4]

Concerning disparities in smoking rates persist in Los Angeles County, with male adults more likely to smoke than females (19% vs. 10%), and African Americans more likely to smoke than adults in other racial/ethnic groups (25% vs. 15% of whites, 12% of Latinos, and 11% of Asians/Pacific Islanders). Adults who have graduated from college and those with higher incomes are less likely to smoke than are other Angelenos. Targeted efforts are needed to further reduce cigarette smoking, especially among high risk groups.

The Department of Public Health is working with communities throughout Los Angeles County to decrease cigarette smoking and exposure to secondhand smoke. In this report, we examine smoking status across geographic areas in Los Angeles County. We hope this report will serve to inform local governments and communities, and facilitate their efforts to reduce tobacco use and the enormous toll it exacts.

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INTRODUCTION

Smoking is the leading cause of preventable death in the United States. It accounts for approximately 90% of lung cancer deaths and 80-90% of deaths from chronic obstructive pulmonary disease.[5] It is also a major risk factor for cardiovascular disease, other respiratory diseases, and many cancers.[6] Smoking during pregnancy is associated with miscarriage, complications of pregnancy and delivery, premature birth, and low infant birth weight. Smokers may expose people around them to secondhand smoke, which exacerbates asthma attacks and causes numerous other health problems.[3]

Strong anti-smoking policies effectively reduce smoking prevalence.[1] To date, the state of California has enacted policies including smoke-free workplaces and restaurants (1995), smoke-free bars (1998), smoke-free playgrounds (2003), smoke-free doorways (2004), and smoke-free cars with children (2008).[7] The experience of the last two decades indicates that efforts to further reduce tobacco use and exposure to secondhand smoke must include city- and county-level policies that reduce access to tobacco products, particularly among youth; restrict smoking in public spaces; and create social norms that make smoking even less desirable. A total of 47 cities and the LA County Board of Supervisors, which governs the unincorporated areas, have enacted one or more tobacco control ordinances in the past five years. These ordinances include: smoke-free parks, smoke-free beaches, smoke-free outdoor dining, smoke-free multi-unit housing, and tobacco retail licensing that generates revenue to support enforcement of laws prohibiting the sale of tobacco products to youth. However, much more work is needed.

The Tobacco Control and Prevention Program (TCPP) within the Los Angeles County Department of Public Health works to reduce tobacco use and eliminate secondhand smoke exposure through policy-based initiatives and the promotion of smoking cessation services. Since local governments have the authority to enact a wide range of tobacco control policies, data at the city and community level are needed to inform these policy-based efforts. However, data at this level are not readily available.

The Los Angeles County Health Survey (LACHS) has provided local agencies with invaluable smoking data at the Service Planning Area (SPA) and Health District level every 2-3 years. Nevertheless, due to its limited sample size, the survey cannot provide reliable smoking data for most of the cities and communities in the County. To fill this data gap, we used statistical methods to estimate smoking prevalence among adults living in the 88 incorporated cities, the City of Los Angeles' 15 Council Districts, and the 40 unincorporated areas of Los Angeles County.

STUDY METHODS

To determine smoking prevalence for the cities and communities in Los Angeles County, we used a complex statistical method called small area estimation.

What is Small Area Estimation?

Small area estimation (SAE) refers to a collection of methods that can produce reliable estimates for small geographic areas when precise estimates can not be obtained using traditional survey estimation methods.

Data Sources

To estimate smoking prevalence and numbers of smokers at city and community level, we implemented a model-based SAE approach using three data sources: the 2007 LACHS, the 2000 Census, and the 2007 Population Estimates and Projection System (PEPS). Individual smoking status and demographic variables were extracted from the LACHS, and neighborhood characteristic variables were taken from the Census. PEPS data provided population counts for each small area of interest.

Data Analysis

The SAE method started with an assessment of the associations between current cigarette smoking and individual and neighborhood characteristics. A current cigarette smoker was defined as someone who has smoked at least 100 cigarettes in his/her lifetime and who currently smokes. Individual demographics included age, sex, race/ethnicity, and household income. Neighborhood characteristics were selected from variables representing population composition, citizenship, language proficiency, income, educational attainment, and housing occupancy. The associations were assessed via logistic regression models with adjustment for sampling weights.

The associations established at the County level were then used to calculate the number of smokers by applying the regression model estimates to the PEPS data. We divided the number of smokers by the population count to calculate smoking prevalence. To assess the stability of the small area estimates, we calculated coefficients of variation (CVs). All the estimates had CVs below 30%, the cutoff for acceptable CVs used by the National Center for Health Statistics.[8]

Due to limited accuracy of population counts for small cities and communities, estimates for areas with a population size less than 5,000 are not presented. These cities are: **Avalon, Bradbury, Hidden Hills, Industry, Irwindale, Rolling Hills, and Vernon**; and communities are: **Desert View Highlands, Ladera Heights, Mayflower Village, North El Monte, and West Compton**. Additionally, the communities of **Acton, Littlerock, and Val Verde** had non-discrete boundaries, prohibiting small area estimation.

About the Methodology

Due to certain limitations beyond the scope of this publication, some small area estimates may differ from the true value. In addition, local tobacco control policies and interventions were not included in the model. As a result, the small area estimates provided in this report are not suitable for assessing the effectiveness of these policies and interventions.

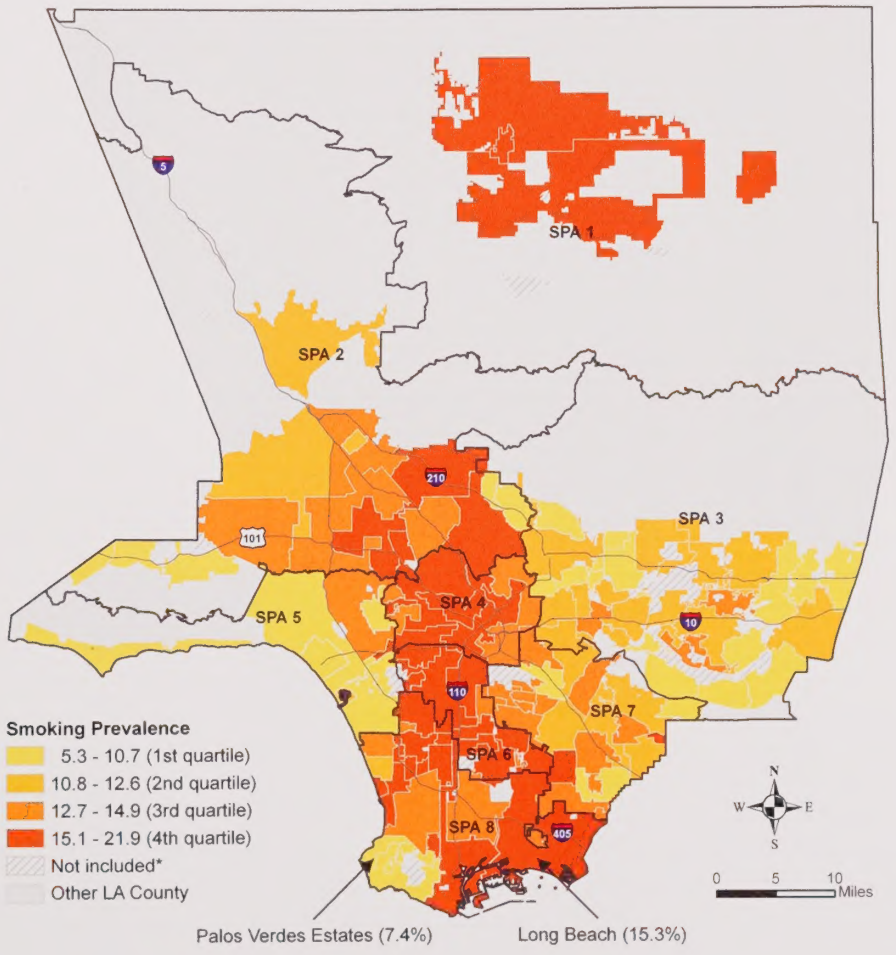
FINDINGS

Table 1 (see pages 6-8) presents the smoking prevalence and the estimated numbers of smokers for 81 cities, 15 Council Districts in the City of Los Angeles, and 32 unincorporated communities. To facilitate comparisons across localities, we provide rankings from lowest to highest according to smoking prevalence; then aggregate the rankings into quartiles.

Smoking prevalence varies considerably across cities and communities, with the lowest in San Marino (5.3%) and the highest in Quartz Hill (21.9%), a more than four-fold difference. Smoking prevalence also varies considerably by Council District within the City of Los Angeles. Council District 11 has the lowest prevalence at 9.8%, while Council District 8 has the highest prevalence at 19.0%. The City of Los Angeles and Long Beach have the largest numbers of smokers, estimated at 434,400 and 53,800, respectively.

Although areas with high smoking prevalence appear to concentrate in certain geographic locations (Figure 1), smoking prevalence can vary substantially within the same SPA. For example, in SPA 8 (South Bay), the smoking prevalence for Long Beach is 15.3%, while Palos Verdes Estates, an adjacent city, has a smoking prevalence of 7.4%. Aggregating smoking data to the SPA level conceals important geographic variations within some of the SPAs.

Figure 1: Adult Cigarette Smoking Prevalence, Los Angeles County, 2007



* Population < 5,000 and communities with non-discrete boundaries

Table 1: Prevalence, 95% Confidence Intervals (CI) and Estimated Numbers of Cigarette Smokers by City and Community, Los Angeles County

City/Community	Percent of Smokers	95% CI	Rank & Quartile (1=lowest 127=highest)	Estimated # of Smokers & 95% CI	
Los Angeles County	**14.3%**	**13.2-15.4**	-	**1,061,000**	-
Agoura Hills	7.7%	4.8-10.6	6	1,400	900-1,900
Alhambra	12.2%	9.5-15.0	50	8,600	6,600-10,500
Alondra Park	18.2%	14.6-21.8	118	1,200	1,000-1,500
Altadena	10.7%	7.9-13.4	30	3,500	2,600-4,400
Arcadia	9.5%	7.3-11.8	18	4,300	3,300-5,400
Artesia	13.2%	9.6-16.9	78	1,800	1,300-2,300
Avocado Heights	10.3%	7.9-12.7	25	1,300	1,000-1,600
Azusa	12.1%	9.5-14.7	48	4,100	3,200-4,900
Baldwin Park	11.8%	9.0-14.5	44	6,400	4,900-7,900
Bell	13.5%	9.2-17.8	80	3,400	2,300-4,500
Bell Gardens	13.6%	9.3-17.9	82	4,000	2,700-5,300
Bellflower	15.7%	11.5-19.9	102	8,300	6,100-10,600
Beverly Hills	8.0%	4.4-11.6	9	2,400	1,300-3,500
Burbank	14.8%	12.1-17.5	93	12,600	10,300-14,900
Calabasas	7.3%	4.5-10.1	4	1,400	800-1,900
Carson	13.7%	10.9-16.6	83	10,000	7,900-12,100
Cerritos	9.8%	6.1-13.4	20	4,400	2,700-6,000
Charter Oak	12.2%	9.0-15.4	50	900	700-1,100
Citrus	11.9%	9.2-14.5	46	1,100	800-1,300
Claremont	9.4%	6.9-11.8	15	2,900	2,100-3,600
Commerce	9.9%	6.0-13.9	22	900	600-1,300
Compton	15.9%	12.1-19.7	104	10,000	7,600-12,400
Covina	12.7%	9.4-16.0	62	4,700	3,400-5,900
Cudahy	13.4%	9.1-17.6	79	2,200	1,500-2,900
Culver City	8.7%	5.2-12.2	10	2,800	1,700-3,900
Del Aire	16.4%	11.9-20.8	108	1,200	900-1,600
Diamond Bar	9.3%	6.7-12.0	14	4,400	3,200-5,700
Downey	12.3%	9.2-15.3	54	10,000	7,500-12,500
Duarte	11.2%	8.7-13.8	38	1,900	1,500-2,400
East Compton	14.4%	10.9-17.8	90	1,100	800-1,300
East La Mirada	15.4%	11.3-19.6	99	1,200	900-1,500
East Los Angeles	12.7%	9.0-16.5	62	12,000	8,400-15,500
East Pasadena	9.4%	7.1-11.7	15	500	400-600
East San Gabriel	10.1%	7.9-12.3	23	1,300	1,000-1,500
El Monte	12.4%	9.5-15.3	56	10,500	8,000-13,000
El Segundo	12.8%	9.6-15.9	68	1,700	1,300-2,100
Florence-Graham	14.9%	11.5-18.4	94	6,600	5,100-8,200
Gardena	16.8%	13.4-20.2	112	7,800	6,200-9,300
Glendale	15.4%	12.5-18.3	99	25,400	20,600-30,200
Glendora	10.8%	8.1-13.6	32	4,400	3,300-5,500
Hacienda Heights	10.5%	8.3-12.7	26	4,900	3,900-5,900
Hawaiian Gardens	12.7%	9.4-16.0	62	1,300	1,000-1,700
Hawthorne	18.3%	13.7-22.9	119	11,000	8,200-13,700

1st quartile (1 - 30) 2nd quartile (32 - 61) 3rd quartile (62 - 94) 4th quartile (95 - 127)

City/Community	Percent of Smokers	95% CI	Rank & Quartile (1=lowest 127=highest)	Estimated # of Smokers & 95% CI	
Hermosa Beach	17.4%	10.1-24.7	115	2,800	1,600-4,000
Huntington Park	14.2%	9.9-18.6	89	6,000	4,200-7,900
Inglewood	16.2%	12.9-19.6	107	13,300	10,600-16,000
La Canada Flintridge	6.4%	3.9-9.0	3	1,100	700-1,500
La Crescenta-Montrose	10.6%	8.4-12.9	28	1,600	1,200-1,900
La Habra Heights	9.4%	6.5-12.2	15	500	300-600
La Mirada	12.1%	8.8-15.4	48	4,600	3,400-5,900
La Puente	12.7%	9.7-15.8	62	3,800	2,900-4,700
La Verne	10.1%	7.7-12.5	23	2,700	2,000-3,300
Lake Los Angeles	19.0%	13.5-24.5	122	1,600	1,100-2,000
Lakewood	12.8%	9.2-16.3	68	8,000	5,700-10,200
Lancaster	21.7%	16.4-27.1	126	22,000	16,600-27,400
Lawndale	17.7%	14.2-21.2	116	4,100	3,300-4,900
Lennox	13.9%	9.6-18.2	86	2,500	1,700-3,300
Lomita	16.5%	13.0-19.9	109	2,600	2,000-3,100
Long Beach	15.3%	12.5-18.1	98	53,800	43,900-63,800
Los Angeles (City of) †	14.8%	13.3-16.3	-	434,400	390,100-478,800
LA City Council District 1	15.8%	12.6-19.1	103	29,300	23,200-35,300
LA City Council District 2	15.1%	12.8-17.5	95	30,700	25,900-35,500
LA City Council District 3	13.5%	11.4-15.7	80	28,100	23,600-32,500
LA City Council District 4	17.2%	13.9-20.4	114	35,200	28,600-41,800
LA City Council District 5	12.9%	10.4-15.4	73	28,600	23,100-34,100
LA City Council District 6	14.0%	11.4-16.6	87	25,300	20,600-29,900
LA City Council District 7	13.1%	10.6-15.7	75	23,200	18,800-27,700
LA City Council District 8	19.0%	14.8-23.2	122	36,500	28,500-44,600
LA City Council District 9	18.7%	14.8-22.6	121	31,300	24,800-37,900
LA City Council District 10	16.8%	13.9-19.6	112	32,100	26,600-37,600
LA City Council District 11	9.8%	6.2-13.4	20	21,600	13,700-29,500
LA City Council District 12	12.5%	10.5-14.6	58	25,500	21,400-29,700
LA City Council District 13	16.1%	12.8-19.5	106	32,500	25,900-39,200
LA City Council District 14	13.1%	9.9-16.3	75	26,000	19,700-32,200
LA City Council District 15	15.1%	12.5-17.6	95	28,500	23,700-33,200
Lynwood	16.5%	12.6-20.4	109	7,700	5,900-9,600
Malibu	5.8%	2.7-9.0	2	700	300-1,000
Manhattan Beach	11.1%	6.8-15.5	35	3,100	1,900-4,400
Marina del Rey	11.1%	6.8-15.4	35	700	500-1,000
Maywood	13.8%	9.3-18.2	84	2,600	1,800-3,500
Monrovia	11.7%	9.2-14.2	42	3,300	2,600-4,000
Montebello	11.7%	8.8-14.6	42	5,500	4,200-6,900
Monterey Park	11.1%	8.1-14.2	35	5,800	4,200-7,300
Norwalk	14.5%	10.8-18.2	91	11,200	8,400-14,100
Palmdale	18.5%	13.7-23.3	120	18,200	13,500-22,900

† Rankings are provided for the 15 Los Angeles City Council Distrticts rather than for the city in its entirety

1st quartile (1 - 30) 2nd quartile (32 - 61) 3rd quartile (62 - 94) 4th quartile (95 - 127)

City/Community	Percent of Smokers	95% CI	Rank & Quartile (1=lowest 127=highest)	Estimated # of Smokers & 95% CI	
Palos Verdes Estates	7.4%	4.1-10.6	5	800	500-1,200
Paramount	15.2%	11.7-18.7	97	5,700	4,400-7,000
Pasadena	12.2%	9.4-15.0	50	13,500	10,400-16,600
Pico Rivera	12.7%	9.2-16.2	62	6,100	4,400-7,800
Pomona	12.0%	9.3-14.7	47	13,200	10,200-16,100
Quartz Hill	21.9%	16.1-27.7	127	1,600	1,100-2,000
Rancho Palos Verdes	8.7%	5.6-11.8	10	3,000	2,000-4,100
Redondo Beach	16.0%	11.9-20.0	105	8,500	6,300-10,600
Rolling Hills Estates	7.7%	4.4-10.9	6	500	300-700
Rosemead	12.8%	10.0-15.7	68	5,500	4,300-6,700
Rowland Heights	10.5%	8.2-12.8	26	4,500	3,500-5,500
San Dimas	10.6%	8.0-13.2	28	3,100	2,300-3,800
San Fernando	12.5%	9.0-16.0	58	2,100	1,500-2,700
San Gabriel	12.2%	9.6-14.8	50	4,000	3,100-4,900
San Marino	5.3%	2.7-7.9	1	600	300-900
Santa Clarita	10.9%	8.2-13.6	34	13,600	10,300-17,000
Santa Fe Springs	12.6%	8.4-16.7	61	1,700	1,100-2,200
Santa Monica	10.7%	6.8-14.5	30	8,100	5,200-11,100
Sierra Madre	9.7%	7.1-12.4	19	900	600-1,100
Signal Hill	12.7%	9.2-16.2	62	1,100	800-1,300
South El Monte	11.2%	7.9-14.6	38	1,700	1,200-2,200
South Gate	13.8%	10.1-17.6	84	9,400	6,900-12,000
South Pasadena	8.9%	6.1-11.6	13	1,900	1,300-2,400
South San Gabriel	12.5%	9.8-15.2	58	900	700-1,100
South San Jose Hills	12.8%	9.8-15.7	68	2,000	1,600-2,500
South Whittier	13.0%	9.6-16.4	74	5,700	4,200-7,200
Temple City	10.8%	8.4-13.1	32	3,000	2,400-3,700
Torrance	13.1%	10.4-15.8	75	15,500	12,300-18,700
Valinda	12.8%	9.9-15.8	68	2,400	1,900-3,000
View Park-Windsor Hills	16.7%	11.1-22.4	111	1,400	900-1,800
Vincent	12.4%	9.3-15.5	56	1,600	1,200-2,000
Walnut	8.8%	6.2-11.5	12	2,300	1,600-3,000
Walnut Park	14.1%	9.8-18.4	88	1,800	1,200-2,300
West Athens	17.9%	13.7-22.1	117	1,200	900-1,400
West Carson	14.6%	11.2-18.1	92	2,600	2,000-3,200
West Covina	11.3%	8.8-13.8	40	9,500	7,400-11,600
West Hollywood	19.6%	14.0-25.1	124	6,800	4,900-8,700
West Puente Valley	11.8%	8.6-15.0	44	2,200	1,600-2,800
West Whittier-Los Nietos	12.3%	8.8-15.8	54	2,500	1,800-3,300
Westlake Village	7.9%	5.3-10.4	8	600	400-800
Westmont	21.2%	16.1-26.4	125	4,700	3,600-5,900
Whittier	11.3%	8.3-14.2	40	7,100	5,200-9,000
Willowbrook	15.4%	11.5-19.3	99	4,000	3,000-5,000

1st quartile (1 - 30) 2nd quartile (32 - 61) 3rd quartile (62 - 94) 4th quartile (95 - 127)

DISCUSSION

The successes and challenges in tobacco control during the last two decades indicate that further reductions in tobacco use will require the creation of "a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible."[9] Such change in community social norms is fostered by the process of initiating, adopting and implementing local tobacco control policies.

Our findings show that many cities and communities in Los Angeles County continue to have high smoking prevalence, indicating a clear need for local tobacco control policy efforts. The geographic disparities identified by our SAE can help policymakers develop support for and establish programs and policies, and deploy resources accordingly.

Successful policy efforts require a community assessment, a sound policy campaign strategy, and community support for the policy. SAE supports each of these policy campaign activities by providing city- and community-specific smoking data.

RECOMMENDATIONS

Examples of City-Level and Community-Level Tobacco Control Policies

Reduce Exposure to Secondhand Smoke by:

- Restricting smoking in multi-unit housing (e.g., apartments, condominiums), including provisions prohibiting smoking in apartment patios/balconies, indoor common areas (e.g., hallways, laundry rooms), and outdoor common areas (e.g., pool and play areas).
- Restricting smoking in outdoor public places such as dining areas (e.g., outdoor seating at restaurants/bars), parks, around doorways and operable windows, public events (e.g., farmers' markets, fairs, concerts), service areas (e.g., bus stops, ticket lines, ATM lines), and hospital campuses.

Reduce Youth Access to Tobacco Products by:

- Requiring retailers who sell tobacco products to obtain a license and pay an annual licensing fee (to cover administration and enforcement costs).
- Restricting sales of tobacco products through conditional use permits near schools and parks.

Promote Smoking Cessation and Prevent Smoking Initiation by:

- Requiring tobacco retailers to post tobacco health warnings and smoking cessation information at the point-of-purchase.
- Implementing a cigarette litter (i.e., cigarette butts) mitigation fee to reduce tobacco use.

The Department of Public Health also recommends **strict enforcement of existing policies** as well as supplementing these tobacco control policy initiatives with **efforts to increase smokers' access to and utilization of effective smoking cessation treatments**, through media campaigns and community-level outreach.

Additional Information on the Web

LOCAL

Los Angeles County Department of Public Health, www.publichealth.lacounty.gov

Tobacco Control and Prevention Program, www.publichealth.lacounty.gov/tob

- Working closely with community-based organizations and coalitions, health advocates, and other health providers to provide tobacco prevention, education, policy, cessation, and media services.

Health Assessment Unit, www.publichealth.lacounty.gov/ha/

Epidemiology Unit, www.publichealth.lacounty.gov/epi/

Data Collection and Analysis Unit, www.publichealth.lacounty.gov/dca/

- These 3 units comprise the **Office of Health Assessment and Epidemiology** and work to ensure the availability of high-quality, comprehensive health data about the Los Angeles County population, and to facilitate its use for public health assessment, policy development, and program planning and evaluation.

It's Quitting Time LA, www.laquits.com

- Providing resources that help smokers quit.

STATE

California Department of Public Health, www.cdph.ca.gov

California Tobacco Control Program, www.cdph.ca.gov/programs/Tobacco

- Working to improve the health of all Californians by reducing illness and premature death attributable to the use of tobacco products, and to empower statewide and local health agencies to promote health and quality of life by advocating social norms that create a tobacco-free environment.

California Smokers' Helpline, 1-800-NO-BUTTS, www.californiasmokershelpline.org

- The California Smokers' Helpline is a telephone program that can help smokers quit. Helpline services are free, and funded by the California Department of Public Health.

NATIONAL

Centers for Disease Control and Prevention, www.cdc.gov/tobacco

- Providing information on state and national tobacco control efforts, cigarette advertising and promotion expenditures, trends in smoking among adults and youth, and state and federal cigarette taxes.

Tar Wars, www.tarwars.org

- Providing information about the American Academy of Family Physician Tar Wars program, an award-winning national children's tobacco education program.

Tobacco News and Information, www.tobacco.org

- Featuring tobacco news, information, and assistance for smokers trying to quit, alerts on tobacco control issues, and open consideration of all aspects of the spectrum of issues concerning tobacco, nicotine, cigarettes and cigars.

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Acknowledgments: Special thanks to Hongjian Yu, PhD for his assistance in developing the methodology.

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Suggested Citation: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy. A Cities and Communities Health Report; June 2010.

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